

Request a Reservation

The Erwin Motel

Phone: 607-962-7411 Fax: 607-962-6373

About You:

First Name* _____

Last Name* _____

Company or Group Phone _____

Number* () _____

Alt Phone Number () Email _____

address _____

Street Address _____

City, State Zip _____

Have you stayed with us before? (Yes/No) If so,
When?

Would you like Direct Company Billing? [Yes/No]

[Please complete the *Direct Company Billing Request* fax or mail to The Erwin Motel prior to your visit.]

About Your Visit:

What day would you like to arrive? (mos/date/year)* What day
would you like to depart? (mos/date/year)*

How many rooms will you need?*

How many beds will you need in each room?* (1, 2, other)

Do you prefer Smoking or Non-Smoking? (Smoking/NonSmoking)

Will you be bringing your Pet? * (Yes/NO)

Is there anything else we should know to best prepare for your visit?

We'd like to know:

How do you hear of us?

What brings you to our area?